#### County of Sullivan, NH

Type of meeting:

**Board of Commissioners Regular Business Meeting Minutes** 

Date/Time:

Tuesday, January 29, 2013; 3:00 PM

Place:

Newport, NH - County Administration Building, 14 Main Street,

1st Floor, Commissioners Conference Room

Attendees: Commissioners Jeffrey Barrette – Chair, Bennie Nelson – Vice Chair and Ethel Jarvis – Clerk; Greg Chanis – County Manager; Michael Prozzo – County High Sheriff; Liz Hennig – Communities United Regional Network (CURN) Coordinator, Jessica Rosman, MPH/CHEP – Public Health Network (PHN) Coordinator, and Sharon Callum – Administrative Assistant / Minute Taker.

**3:00** The Chair, Jeffrey Barrette, brought the meeting to order and led all in the *Pledge of Allegiance*.

#### Agenda Item No. 1 Sheriff's Office Report: Highway Safety Grant

The Sheriff has an opportunity to attain a Highway Safety Project Grant for \$4,804.80 to fund speed enforcement patrols; just needs signature of the Chair; funding source is federal National Highway Traffic Safety Administration, through NH State Highway Safety Agency.

3:02 Motion: to accept the Highway Safety [Project] grant as proposed by High Sheriff Mike Prozzo of \$4,804.80. Made by: Jarvis. Seconded by: Nelson. Voice vote: All in favor. Commissioner Barrette signed the form [Appendix A.1-2].

#### Agenda Item No. 2 County Manager's Report, Greg Chanis

Agenda Item No. 2.a. FY 2014 Budget Process Review – Deadline for County departments to submit budgets is Jan. 31st. Chanis met with Delegation Executive Finance Committee last Fri. @ 8:30 AM – it was a great meeting; he provided background information: financial reports, fund balance, and history; the only new member absent was Rep. Irwin; both Rep. Grenier and Rep. Schmidt – new members – attended and asked great questions.

Agenda Item No. 2.b. Review of Public Health Network & Regional Network Programs Both the PHN and RN programs, NH State DHHS grant funded programs, began around 2007; as State feels services overlap, they've combined funding into one RFP for FY 2014: Letter of Intent deadline is Feb. 4th; the full RFP was e-mailed to the Commissioners earlier in week; copies were distributed of the RFP Scope of Services [Appendix B.1-16] and Attachment 1 RPHN map [Appendix C] – we are Region 5 which does not include Plainfield, Grantham and Washington, and includes Sutton, New London and Wilmot.

Liz Hennig distributed several documents, which included a *Prevention in Sullivan County* PowerPoint [Appendix D.1-6] – she discussed collaborations, mission, impact, function, Sullivan County related data, funding brought into the county, improvements in the county since 2007, and projected efforts. Rosman pointed out, through Hennig and CURN's work with regional schools, great data is showing up in the YRBS (Youth Risk Behavior Surveys). Hennig discussed areas doing well and segments needing improvement, such as youth

opportunities and preparation for workforce; tech. centers are reaching out and they'd like to get them involved as part of the advisory committee. Comm. Jarvis expressed concern for graduates unable to be trained for technical work, perfectly able to work and hold a job, but not having jobs available in the area to fit their level. Rosman inserted that area colleges have medical educational programs. Hennig noted they looked at work place improvement, brought in funding and increased conversations to meet needs of both employers and employees. Barrette concurred the region has significant challenges. Hennig indicated the county does not have significant drug issue, but ones there are well entrenched, overall, Sullivan county looks pretty good and one of their messages they stress is that the county is doing good things - 'we have a bad rep, but the data collected does not back that'. Hennig discussed projected effects and distributed a document [Appendix E] highlighting areas she is working on. The overall objective/mission of the Greater Sullivan County Wellness Commission (GSCWC) was discussed; Chaired by Comm. Barrette, they've brought together a diverse group of people addressing the question "What is it we need to do to improve health and wellness in Sullivan county?"; outcomes: help families and improve work force opportunities; they have established priorities for how they would do this. Hennig noted one of her goals could not be accomplished without participation in the GSCWC.

Chanis noted there was no new services mentioned in the RFP not already being done; he drew their attention to Page 34 of the Scope of Work - *Develop and/or maintain a Regional Public Health Advisory Committee*, and noted this is a core component, but is related to what Hennig spoke about; he feels the GSCWC could easily, morph into the advisory committee.

Jessica Rosman noted, in respect to the PHN and communities listed on map in Region 5, the combined RFP brings in Cornish and loses no other relationship; she feels the GSCWC is a great start, it fits into the RFP and can be built upon; the County is in a unique position with capacity to be fiscal agent: they have the infrastructure, office space, and accounting support; PH RFP funding remains level at \$76,000; they continue to hold Emergency Preparedness meetings; one participant lives in Cornish and will be a beneficial advocate; they will develop an MOU with the Lake Sunapee Visiting Nurses Association to supply inschool vaccination services, again; the Medical Reserves Corps (MRC) is part of the RFP, and a vibrant group with 47 members - 33 active, and constantly recruiting / no medical background is required to join - anticipates MRC collaborating with local ski area in an Open House Day at the disk golf course; Upper Valley Lake Sunapee Regional Planning Commission did an expose on the MRC recently.

Rosman and Hennig discussed benefits of RFP unifying programs. Funding in the RFP comes from the Center for Disease Control, SAMHSA, NH State DHHS, and, added New Hampshire Charitable Fund has made a commitment.

CURN recently received a grant from NHCF to fund volunteer work at a VetCorps host site within the county - funds support veterans and military families, matching resources to needs.

3:55 Mrs. Hennig and Ms. Rosman left the room at.

- Agenda Item No. 5. Probable Executive Session Per RSA 91-A:3.II.a. Compensation of any Public Employee
- 3:44 Motion: to go into Executive Session Per RSA 91A:3.II.a. the compensation of any public employee. Made by: Nelson. Seconded by: Jarvis. Roll call vote made. All Commissioners voted in favor.
- 4:20 Motion: to come out of Executive Session. Made by: Jarvis. Seconded by: Nelson. Voice vote: All in favor.
- 4:21 Motion: to authorize the County Manager, as fiscal agent for the County, to submit the *Letter of Intent* for the RFP [NH State RFP 14-DPHS-RPHNS-09]. Made by: Nelson. Seconded by: Jarvis. Voice vote: All in favor.

Commissioner Jarvis asked if the Washington DC trip scheduled by Barrette and Chanis influenced their decision on this matter? Both responded "No."

#### Agenda Item No. 3 Commissioners' Report

Agenda Item No. 3.a. Old Business
None

#### Agenda Item No. 3.b. New Business

- GSCWC Comm. Barrette would like to see the GSCWC steered in a different direction than where the last meeting ended deciding a 'resource directory' was needed.
- Board members reviewed an e-mail [Appendix F] dated Tue., Jan. 29th e- from Austin Goldberg regarding NH Drug Treatment Court system. Ms. Callum noted Attorney Marc Hathaway has offered to respond to Mr. Goldberg. Commissioners accepted offer.

**Agenda Item No. 4.** Public Participation There was none.

Agenda Item No. 6. Meeting Minutes Review

Agenda Item No. 6.a. Jan 15th 2:00 PM DOC Compliance Tour Notes

4:30 Motion: to accept the January 15<sup>th</sup> tour notes submitted from Lori Keefe of the DOC compliance tour and send to the appropriate entity. Made by: Jarvis. Seconded by: Nelson. Voice vote: All in favor.

Agenda Item No. 6.b. Jan 15th 3:00 PM Public Meeting Minutes

4:31 Motion: to accept the Jan 15th 3 pm public meeting minutes as printed. Made by: Nelson. Seconded by: Jarvis. Voice vote: All in favor.

#### Agenda Item No. 6.c. Jan 15th 4:01 PM Executive Session Meeting Minutes

4:32 Motion: to accept the Jan. 15<sup>th</sup> 4:01 Executive Session meeting minutes as typed, and leave sealed until conclusion of budget process. Made by: Nelson. Seconded by: Jarvis. Voice vote: All in favor.

Agenda Item No. 6.d. Jan 15th 4:07 PM Executive Session Meeting Minutes

- 4:33 Motion: to accept the Jan. 15<sup>th</sup> 4:07 Executive Session meeting minutes and release when they have resolution. Made by: Nelson. Seconded by: Jarvis. Voice vote: All in favor.
- 4:34 Motion: to adjourn. Made by: Nelson. Seconded by: Jarvis. Voice vote: All in favor.

Respectfully submitted,

Commissioner Ethel Jarvis, Clerk

Board of Commissioners

EJ/sjc

Date minutes approved:

2-19-31



#### Tuesday January 29<sup>th</sup>, 2013 Sullivan County NH, Board of Commissioners

#### Business Meeting AGENDA – 2<sup>nd</sup> Revision

## **Location: Newport Remington Woodhull County Complex**

14 Main Street, Newport NH 03773

3:00	PM - 3:10	PM	1.	Sheriff's Office Report: Highway Safety Grant
3:10	PM - 3:30	PM	2.	County Manager's Report, <i>Greg Chanis</i> <ul><li>a. FY '14 Budget Process Review</li><li>b. Review of Public Health and Regional Network Programs</li><li>c. Any other old or new business</li></ul>
3:30	PM - 3:50	PM	3.	Commissioners' Report  a. Old Business  b. New Business
3:50	PM - 4:05	РМ	4.	Public Participation
4:05	PM - 4:20	PM	5.	Probable Executive Session Per RSA 91- A:3.II.a Compensation of any Public Employee
4:20	PM - 4:25	PM	6.	Meeting Minutes Review a. Jan. 15 <sup>th</sup> 2:00 PM DOC Compliance Tour Notes b. Jan. 15 <sup>th</sup> 3:00 PM Public Meeting Minutes c. Jan. 15 <sup>th</sup> 4:01 PM Exec. Sess. Meeting Minutes d. Jan. 15 <sup>th</sup> 4:07 PM Exec. Sess. Meeting Minutes
4:25	PM		7.	Adjourn meeting

The times reflected on this agenda, other than the start time, are estimates. Actual time will depend on level of interest and participation.



#### Upcoming Events / Meetings:

Jan 31<sup>st</sup> Thu.

FY '14 County Department Head Budgets Due

Feb 1<sup>st</sup> Fri.

**NHAC Executive Council Meeting** 

o Time:

10:00 AM (11:00 - AG's Office Presentation)

o <u>Place</u>:

Concord, NH - Primex Building

Feb 1<sup>st</sup> Fri.

S.C. Conservation District Meeting

o Time:

2:00 PM

o Place:

Newport, NH - 14 Main Street, Commissioners

Conference Room, 1st Floor

Feb 15<sup>th</sup> Fri.

**GSC Wellness Commission Meeting** 

o Time:

9:00 AM

o Place:

Claremont, NH –Moody Building, Twin Parlor

Conference Room, 2<sup>nd</sup> Floor

Feb 18th Mon.

**Newport County-State Complex Closed in** 

observance of President Day

Feb 19<sup>th</sup> Tue.

**County Commissioners Meeting** 

o Time:

3:00 PM Regular Business Meeting

o <u>Place</u>:

Unity, NH - 5 Nursing Home Drive, Sullivan County Health Care Facility, Frank Smith Living Room - 1<sup>st</sup>

Floor

Feb 20<sup>th</sup> Wed.

**GSC Public Health RCC Meeting** 

o Time:

9:00 AM

o Place:

Newport, NH - 14 Main Street, Commissioners

Conference Room, 1<sup>st</sup> Floor

#### CONTRACTUAL AGREEMENT FOR HIGHWAY SAFETY PROJECT GRANT

		For HSA Use Only					
State Of New Hampshire Highway Safety Agency 78 Regional Drive, Building 2 Concord, NH 03301-8530		Date Received	Proje	ect Number			
		Date Approved PSP and Task #		and Task #			
			13-03	3, 02			
Part I							
			2. Type of Application	on (Check One)			
Project Title     Sullivan County Sheriff's Enfo	programment Patrols		X Initial				
Sumvan County Shering Eme	· · · · · · · · · · · · · · · · · · ·		Revision				
			Continuation				
3. Applicant							
A. Name of Agency D	UNS Number 10572437	71	B. Address of Agency				
Sullivan County Sheriff's Dep	artment		PO Box 27, 14 Main Newport NH 03773-0				
G G and Their (Ohear)	)a)		D. Name Address of		nit		
C. Government Unit (Check C	one)						
City/Town			Sullivan County Sheriff's Department PO Box 27, 14 Main Street				
X County Other (specify):			Newport, NH 03773-	0027			
			T	Curad Cantral			
Contract Duration     A. Contract Period			Functional Area SC - CFDA# 20.6	Speed Control			
Start Date:	April 1, 2013			& Community H	Iighway Safety		
Termination Date:	September 15, 2013		Funding Source Nation	onal Highway Tra	affic Safety Administratio		
6. Description of Project (Des	cribe in detail in Schedu	le A) and Source	of Funds		· · · · · · · · · · · · · · · · · · ·		
I	Budget (Provide itemiza	tion as called for	on Schedule B) and Sou	rce of Funds			
Cost Category	Total Budget	Federal Budge	et Local Budget	State Budg	et Other Funds		
a. Personnel Services	\$4,804.80	\$4,804.	80				
b. Current Expense							
c. Equipment							
d. Indirect Costs Audit							
e. Contractual Services							
f. Other							
Total Estimated Costs	£4 804 80	Φ4 QΩ4					
Including Non-Federal Share	\$4,804.80	\$4,804	.00	·			
7. Local Benefit:							
It is anticipated that the fede	eral share for local benef	it will be: <u>100</u>	<u>% (\$4,804.80)</u>				

1	Part	n	ľ

DANG CLEATING DED CONDIENT DATE.	
BUDGET AND PERSONNEL DATA	
a. Personnel Services (OVERTIME ENFORCEMENT PATROLS)  Salary: 22 patrols x 4-hours/patrol x \$42.00/hour \$3,690	6.00
Salary: 22 patrols x 4-hours/patrol x \$42.00/hour \$3,696 Payroll-related deductions: \$3,696.00 x 30 percent 1,106	
*See Proposed Solution (page 3) for explanation of pay rates	ψ 1,00 1.00
b. Current Expenses	
b. Current Expenses	
c. Equipment	
	•
d. Indirect Costs and Audit Expense	
0 / - 10 - 10-	
e. Contractual Services	
f. Travel Expenses	
A. A	
Total	\$4,804.80

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Acceptance of Conditions. It is understood and agreed by the undersigned that a grant received as a result of this contract is subject to the regulations governing grant which have been furnished (or will be furnished upon request) to the applicant.

A. Project Director		
1) Name	2) Title	3) Address
Michael L. Prozzo Jr.	Sheriff, Sullivan County Sheriff's Office	14 Main Street
		Newport, NH 03773
4) Signature		5) Telephone Number
x m. 2 / rgn h.		863-4200
, / 0		
B. Authorized Official		
1) Name	2) Title	3) Address
Jeff Barrett®	Chairman, Sullivan County Commissioners	14 Main Street
Dell Ballete		Newport, NH 03773
4) Signature,		5) Telephone Number
Olla De		
X SIN K DO		863-2560

Part	TV	(For	HSA	Use	Only	١

1. Approval Date	2. Signature & Title
3. Federal Funds Obligated by this Agreement:	
·	Peter M. Thomson, Coordinator NH Highway Safety Agency

#### NH Department of Health and Human Services

#### Exhibit A

# Scope of Services Regional Public Health Network Services

CONTRACT PERIOD: Date of G&C approval, through June 30, 2015

**CONTRACTOR NAME:** 

**ADDRESS:** 

(Agency Contact's Title): (Agency Contact's Name)
TELEPHONE: (Agency Contact's Phone #)

#### The Contractor shall:

The contractor, as a recipient of federal and state funds will implement recommendations from the NH Division of Public Health Service's (DPHS) report <u>Creating a Regional Public Health System: Results of an Assessment to Inform the Planning Process</u> to strengthen capacity among public health system partners to deliver essential public health services in a coordinated and effective manner by establishing a Regional Public Health Advisory Committee.

The contractor will implement the <u>2012 Regional Strategic Plan for Prevention</u> pertaining to communities in their region addressing substance misuse prevention and related health promotion as it aligns with the existing three-year outcome-based strategic prevention plan completed June 2012, located on: http://www.dhhs.nh.gov/dcbcs/bdas/prevention.htm.

The contractor will develop regional public health emergency response capabilities in accordance with the Centers for Disease Control and Prevention's (CDC's) <u>Public Health Preparedness Capabilities</u>: National Standards for State and Local Planning (Capabilities Standards) and as appropriate to the region.

The contractor in selected regions will also implement initiatives that respond to other public health needs as identified in this Exhibit A.

All contractors will ensure the administrative and fiscal capacity to accept and expend funds provided by the DPHS and the Bureau of Drug and Alcohol Services (BDAS) for substance misuse prevention and related health promotion and other public health services as such funding may become available.

To achieve these outcomes, the contractor will conduct the following activities:

#### 1. Regional Public Health Advisory Committee

Develop and/or maintain a Regional Public Health Advisory Committee comprised of representatives from the community sectors identified in Table 1 of the RFP. At a minimum, this entity shall provide an advisory role to the contractor and, as appropriate, subcontractors to assure the delivery of the services funded through this agreement.

The Regional Public Health Advisory Committee should strive to ensure its membership is inclusive of all local agencies that provide public health services beyond those funded under this agreement. The purpose is to facilitate improvements in the delivery of the 10 Essential Public Health Services including preparedness-related services and continue implementation of the Strategic Prevention Framework (SPF) and substance misuse prevention and related health promotion as appropriate to the region. This is accomplished by establishing regional public health priorities that are based on assessments of community health; advocating for the implementation of programs, practices and policies that are evidence-based to meet improved health outcomes; and advance the coordination of services among partners.

#### A. Membership

At a minimum, the following entities within the region being served shall be granted full membership rights on the Regional Public Health Advisory Committee.

- 1. Each municipal and county government
- 2. Each community hospital
- 3. Each School Administrative Unit (SAU)
- 4. Each DPHS-designated community health center
- 5. Each NH Department of Health and Human Services (DHHS)-designated community mental health center
- 6. The contractor
- 7. At least one representative from each of the following community sectors shall also be granted full membership rights: business, cultural and faith-based organizations, social services, housing and sheltering, media, and senior services.
- 8. Representatives from other sectors or individual entities should be included as determined by the Regional Public Health Advisory Committee.

#### B. Responsibilities

Perform an advisory function to include:

- 1. Collaborate with the contractor to establish annual priorities to strengthen the capabilities within the region to prepare for and respond to public health emergencies and implement substance misuse prevention and related health promotion activities.
  - 1.1. Upon contracting, recruit and convene members to determine a name for the region that is based on geography (ex. Seacoast, North Country) by September 30.

2. Collaborate with regional partners to collect, analyze and disseminate data about the health of the region.

2.1. Disseminate the 2012 NH State and Regional Health Profiles, the Youth Risk Behavior Survey (YRBS) and Behavioral Risk Factor Surveillance Survey (BRFSS) reports, and the forthcoming State Public Health Improvement Plan to public health system partners in the region in order to inform partners of the health status of the region. Disseminate other reports (ex. Weekly Early Event Detection Report) issued by DHHS as appropriate.

2.2. Participate in local community health assessments, prioritizing the Community Benefits

Assessment conducted by hospitals as required under RSA 7:32.

2.3. Participate in regional, county and local health needs assessments convened by other agencies.

2.4. Participate in community health improvement planning processes being conducted by

other agencies.

3. Liaison with municipal and county government leaders to provide awareness of and, as possible, participation in the Regional Public Health Advisory Committee and its role to coordinate activities regionally.

4. Designate representatives to other local or regional initiatives that address emergency preparedness and response, substance misuse prevention and related health promotion, and

other public health services.

- 5. Develop and maintain policies and procedures related to the Regional Public Health Advisory Committee that include:
  - 5.1. Organizational structure

5.2. Membership

- 5.3. Leadership roles and structure
- 5.4. Committee roles and responsibilities
- 5.5. Decision-making process
- 5.6. Subcommittees or workgroups
- 5.7. Documentation and record-keeping
- 5.8. Process for reviewing and revising the policies and procedures

6. Complete the PARTNER survey during the fourth quarter of SFY 2014.

7. The chair of the Regional Public Health Advisory Committee or their designee should be present at site visits conducted by the NH DPHS and BDAS and, to the extent possible, be available for other meetings as requested.

#### 2. Substance Misuse Prevention and Related Health Promotion

a) Ensure oversight to carry out the regional three-year strategic plan (available at: <a href="http://www.dhhs.nh.gov/dcbcs/bdas/prevention.htm">http://www.dhhs.nh.gov/dcbcs/bdas/prevention.htm</a>) and coordination of the SPF and other processes as described in this RFP and mapped out within the BDAS Regional Network System Logic Model (Attachment 8):

(1) Maintain and/or hire a full-time-equivalent coordinator to manage the project with one person serving as the primary point of contact and management of the scope of

work.

- (a) The Prevention Coordinator(s) is required to be a Certified Prevention Specialist (CPS) or pending certification within one year of start of contract and a graduate from a four year university.
- (2) Provide or facilitate appropriate professional office space, meeting space, and access to office equipment to conduct the business of the Regional Public Health Network (RPHN).
- (3) Ensure proper and regular supervision to the Coordinator(s) in meeting the deliverables of this contract.
- (4) Ensure the continuance of a committee to serve as the <u>content experts</u> for Substance Misuse Prevention and Related Health Promotion and associated consequences for the region that is under the guidance of and informs the Regional Public Health Advisory Committee.
  - (a) The expert committee shall consist of the six sectors representative of the region with a shared focus on prevention misuse of substances and associated consequences. The committee will inform and guide the regional efforts to ensure priorities and programs are data-driven, evidence-based, and culturally appropriate to the region to achieve outcomes.
  - (b) Ensure the expert committee provides unbiased input into regional activities and development, guidance in the implementation of the three-year strategic plan and other contract deliverables and serves as the liaison to the Regional Public Health Advisory Committee.
  - (c) Recruit and maintain various members from the six core sectors to conduct the steps of the SPF in reaching key milestones and producing key products as outline in Attachment 2.
  - (d) Submit any and all revised regional network strategic plans as required to BDAS that are data-driven and endorsed by regional members and the expert committee/workgroup.
  - (e) Promote and communicate regional outcomes, goals, objectives, activities and successes through media and other community information channels to the regions' coalitions, local drug free community grantees, prevention provider agencies, and other prevention entities as appropriate.
  - (f) Cooperate with and coordinate all evaluation efforts as required by BDAS conducted by the Center for Excellence, (e.g. PARTNER Survey, annual Regional Network Evaluation, and other surveys as directed by BDAS).
  - (g) Maintain effective training and on-going communication within the coalition, expert committee, broader membership, six core sectors, and all subcommittees.
  - (h) Attend all State required trainings, workshops, and bi-monthly meetings.
  - (i) Work with BDAS and the Bureau of Liquor Enforcement to institute Comprehensive Synar Plan activities (merchant and community education efforts, youth involvement, policy and advocacy efforts, and other activities).
  - (j) Assist with other State activities as needed.
  - (k) Ongoing quality improvement is required as demonstrated by attendance and participation with Center for Excellence technical assistance events and learning collaborative(s).
  - (l) Conduct 10 Appreciative Inquires annually and utilize Community-Based Participatory Research approach in outreach efforts as stated in RFP.

- (m) Meet the requirements of the National Outcomes as outlined in Attachment 7.
- (n) Meet the required outcomes measures as outlined in BDAS Regional Network System Logic Model (Attachment 8).
- (o) Provide hosting and/or collaborative efforts for one full time Volunteers in Service to America (VISTA) volunteer provided by Community Anti-Drug Coalitions of America (CADCA) at minimum for one-year to work within and across regions to support military personnel and their families in support of the goals and objectives of the VetCorps-VISTA Project:
  - Increase the number of veterans and military families (VMF) receiving services and assistance by establishing partnerships and developing collaborations with communities to help create a network and safety net of support similar to that of military bases;
  - Increase the capacity of community institutions and civic and volunteer organizations to assist local VMFs in several areas 1) Enhancing opportunities for healthy futures for VMF focusing on access to health care and health care services, with an emphasis on substance abuse prevention, treatment and outreach; 2) Facilitating the provision of and access to social, mental and physical health services to VMF; 3) Enhancing economic opportunities for VMF (focusing on housing and employment); and 4) Increasing the number of veterans engaged in service opportunities.

#### 3. Regional Public Health Preparedness

#### A. Regional Public Health Emergency Planning

The goal of these activities is to provide leadership and coordination to improve the readiness of regional, county, and local partners to mount an effective response to public health emergencies and threats. This will be achieved by conducting a broad range of specific public health preparedness activities to make progress toward meeting the national standards described in the Capabilities Standards. All activities shall build on current efforts and accomplishments within each region. All revisions to the regional preparedness annex and appendices, as well as exercises conducted under this agreement will prioritize the building and integration of the resource elements described in the Capabilities Standards.

1. In collaboration with the Regional Public Health Advisory Committee described in that section of this document provide leadership to further develop, exercise and update the current Regional Public Health Emergency Annex (RPHEA) and related appendices (Attachment 11). The RPHEA is intended to serve as an annex or addendum to municipal emergency operations plans to activate a regional response to large-scale public health emergencies. The annex describes critical operational functions and what entities are responsible for carrying them out. The regional annex clearly describe the policies, processes, roles, and responsibilities that municipalities and partner agencies carry out before, during, and after any public health emergency. For more information about the format and structure of emergency plans go to:

http://www.fema.gov/pdf/about/divisions/npd/CPG\_101\_V2.pdf.

- 1.1. Participate in an annual Regional Annex Technical Assistance Review (RATAR) developed by the NH DPHS. The RATAR outlines planning elements to be assessed for evidence of the Public Health Regions' (PHRs) overall readiness to mount an effective response to a public health emergency or threat. Revise and update the RPHEA, related appendices and attachments based on the findings from the RATAR.
- 1.2. Participate in an annual Local Technical Assistance Review (LTAR) as required by the CDC Division of Strategic National Stockpile (DSNS). The LTAR outlines planning elements specific to managing, distributing and dispensing Strategic National Stockpile (SNS) material received from the CDC during a public health emergency. Revise and update the RPHEA, related appendices and attachments based on the findings from the LTAR.
- 1.3. Develop new incident-specific appendices based on priorities identified by the NH DPHS. The DPHS will provide planning templates and guidance for use by the contractor.
- 1.4. Submit the RPHEA and all related appendices and attachments to the NH DPHS by June 30 of each year. Submission shall be in the form of a single hard copy and by posting all materials on E-Studio. E-Studio is a web-based document sharing system maintained by the DPHS.
- 1.5. Disseminate the RPHEA and related materials to planning and response partners including municipal officials from each municipality in the region. Dissemination may be through hard copy or electronic means.
- 2. Collaborate with hospitals receiving funds under the U. S. DHHS' Hospital Preparedness Program (HPP) cooperative agreement to strengthen and maintain a healthcare coalition in accordance with the "Healthcare Preparedness Capabilities-National Guidance for Healthcare System Preparedness." Healthcare coalitions consist of a collaborative network of healthcare organizations and their respective public and private sector response partners with(in) the region. Health(care) Coalitions serve as a multi-agency coordinating group that assists local Emergency Management and Emergency Support Function (ESF) #8 with preparedness, response, recovery and mitigation activities related to healthcare organization disaster operations.<sup>1</sup>
- 3. Collaborate with municipal emergency management directors to integrate the assets and capabilities included in the RPHEA into municipal and regional shelter plans.
- 4. Pursue Memorandums of Understanding (MOUs) with governmental, public health, and health care entities that describe the respective roles and responsibilities of the parties in the planning and response to a public health emergency.
- 5. (Regions 1, 2, 3, 4, 5, 6, 7 and 8) Coordinate a hazard vulnerability assessment (HVA) (aka jurisdictional risk assessment) focused on public health, health care and behavioral health systems. The HVA will consist of 3 half-day meetings of regional partners that assess the impact to these three systems in the region from various types of hazards; identify existing preparedness capabilities that mitigate the impact; and identify priority interventions to address gaps. The HVA will be led by DHHS staff and an agency contracted by the DPHS.
- 6. (Regions 9, 10, 11, 12, 13) Implement at least one priority intervention identified during the HVA conducted in SFY 13.

<sup>&</sup>lt;sup>1</sup> Healthcare Preparedness Capabilities-National Guidance for Healthcare System Preparedness. U.S. Department of Health and Human Services, January 2012.

#### B. Regional Public Health Emergency Response Readiness

- 1. Engage with community organizations to foster connections that assure public health, medical and behavioral health services in the region before, during and after an incident.
  - 1.1. Collaborate with community organizations to improve the capacity within the region to deliver the Ten Essential Public Health Services (Attachment 3).
- 2. Improve the capacity and capability within the region to respond to emergencies when requested by the NH DHHS or local governments.
  - 2.1. Coordinate the procurement, rotation and storage of supplies necessary for the activation of Alternate Care Sites (ACS), Neighborhood Emergency Help Centers (NEHCs) and Points of Dispensing (POD) and support public health, health care and behavioral health services in emergency shelters located within the region.
  - 2.2. Develop and execute MOUs with agencies to store, inventory, and rotate these supplies.
  - 2.3. Enter and maintain data about the region's response supplies in the Inventory Resources Management System (IRMS) administered by the NH DHHS Emergency Services Unit (ESU) in order to track and manage medical and administrative supplies owned by the contractor. Each agency funded under this agreement will be granted administrative access rights to this web-based system in order to complete this activity.
  - 2.4. Disseminate information about, and link appropriate public health and health care professionals with, the NHResponds to allow for the timely activation of volunteers during emergency events. For more information about NHResponds go to: (https://www.nhresponds.org/nhhome.aspx).
  - 2.5. Disseminate information about the NH Health Alert Network (HAN) and refer appropriate individuals interested in enrolling to the DPHS HAN coordinator. The HAN is an alerting and notification system administered by the NH DPHS. Receive, and act on as necessary, HAN notices from the DPHS to ensure local partners remain aware of recommendations and guidance issued by the DPHS.
  - 2.6. Based on a determination made by regional partners, administer a regional HAN in accordance with DPHS policies, procedures, and requirements.
  - 2.7. Improve capacity to receive and expend funds associated with public health emergency response in a timely manner. Assess the agency's financial, personnel, and procurement/contract management policies and procedures and improve procedures to reduce the time needed to receive and use federal and state funds during emergencies.
  - 2.8. Sponsor and organize the logistics for at least two trainings/in-services for regional partners. Collaborate with the DHHS, DPHS, the NH Institute of Public Health Practice, the Community Health Institute in Bow, NH, the Preparedness Emergency Response Learning Center at Harvard University and other training providers to implement these training programs. Enter information about training programs and individuals trained into a learning management system administered by NH DPHS to track training programs.
- 3. In coordination with the DHHS, maintain a Medical Reserve Corps (MRC) within the region or in cooperation with other regions according to guidance from the federal MRC program and the DHHS.
  - 3.1. Identify current members or enlist new members to serve in a leadership capacity to further develop the capability, capacity and programs of the regional MRC.

- 3.2. Conduct outreach to health care entities to recruit health care workers with the skills, licensure and credentialing needed to fill positions described in the RPHEA, related appendices, and to support the school-based immunization clinics described in this Exhibit. Conduct outreach in other venues to recruit non-clinical volunteers.
- 3.3. Enter and maintain data about MRC members in a module within the NHResponds system administered by the NH DHHS to ensure the capability to notify, activate, and track members during routine public health or emergency events. Utilize this system to activate members and track deployments. Each agency funded under this agreement will be granted administrative access rights to this web-based system in order to complete this activity.
- 3.4. Enter information about training programs and individuals trained into a learning management system administered by NH DHHS to track training programs completed by MRC members.
- 3.5. Conduct training programs that allow members to meet core competency requirements established by the NH MRC Advisory Committee and the NH DHHS. Provide at least one opportunity per year for members to take each of the on-site courses required to meet the core competency requirements. These courses may be offered in the region or an adjoining region when feasible.

#### C. Public Health Emergency Drills and Exercises

- 1. Plan and execute drills and exercises in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP).
  - 1.1. Maintain a three-year Training and Exercise Plan (TEP) that, at a minimum, includes all drills and exercises as required under the SNS program.
  - 1.2. Coordinate participation of regional partners in a HSEEP compliant functional exercise regarding the section in the regional annex to provide low-flow oxygen support to patients in an ACS. The exercise will be offered through a vendor contracted by the DPHS.
  - 1.3. Based on the mutual agreement of all parties and as funding allows, participate in drills and exercises conducted by the NH DPHS, NH DHHS ESU, and NH Homeland Security and Emergency Management (HSEM).
  - 1.4. Collaborate with local emergency management directors, hospitals, and public health system partners to seek funding to support other workshops, drills and exercises that evaluate the Capabilities Standards based on priorities established by regional partners.
  - 1.5. To the extent possible, participate in workshops, drills and exercises as requested by local emergency management directors or other public health partners.

# 4. Regional Disaster Behavioral Health Services in Belknap Carroll, Coos and Grafton Counties

#### A. Disaster Behavioral Health Planning

The contractor, in coordination with a community mental health center, will hire and supervise a regional Disaster Behavioral Health Liaison (DBHL), to ensure the completion of the following activities:

- 1. Integrate disaster behavioral health planning efforts with those of public health, public safety and emergency medical entities to ensure coordination with local, regional and state plans. Promote behavioral health as an essential component of emergency planning and responses activities.
  - 1.1. Establish and maintain relationships with the Regional Public Health Advisory Committee as well as community mental health centers, hospitals, schools, Red Cross Chapters, Department of Safety field representatives and other governmental agencies in the assigned region.

1.2. Attend regularly scheduled meetings convened by the above named agencies and organizations. Engage other stakeholders as appropriate.

2. Provide technical assistance to community mental health centers, hospitals, schools and local municipalities to integrate behavioral health capabilities in their respective emergency response plans.

3. Inform the NH DHHS ESU Disaster Behavioral Health Coordinator (DBHC) of local/regional needs and planning issues that may require the attention of the State.

4. Assist the DBHC to develop First Responder Peer-based Critical Incident Stress Management teams through training, consultation and technical assistance.

5. Ensure sustainability of the behavioral health component of the RPHEA. Conduct annual reviews of the behavioral health components of the RPHEA and, as requested, other agencies such as hospitals, schools and community mental health centers, to ensure behavioral health capabilities are integrated and up-to-date.

6. Disseminate disaster behavioral health templates to agencies for integration into agency response plans.

#### B. Disaster Behavioral Health Response Readiness

- 1. Assist the DBHC in maintaining a resource directory of state and local behavioral health services that provide acute crisis, intermediate and long term behavioral health support to disaster victims, families, vulnerable populations, first responders and the general public.
  - 1.1. Ensure the directory is accurate and complete.
  - 1.2. Disseminate and promote the use of the directory with local and regional emergency response entities.
- 2. Recruit and train Disaster Behavioral Health Response Team (DBHRT) members.
  - 2.1. Maintain regional DBHRTs to ensure that team members meet the conditions of their team membership agreement in order to ensure their capacity to respond to an emergency.
  - 2.2. Conduct semi-annual meetings of DBHRT members to share information, solicit concerns and explore suggestions for improving team functioning.
  - 2.3. Recruit new team members, arrange for and provide their initial training.
  - 2.4. Coordinate and provide ongoing training for established DBHRT members with the ESU DBHC. This includes DBHRT Basic Training, DBHRT Team Leader training, Psychological First Aid, Family Assistance Center, Critical Incident Stress Management (Group), Compassion Fatigue and Community Resiliency.
  - 2.5. Assist the DBHC in developing and providing new trainings such as: Responding to Traumatic Events in Schools, Grief and Shattered Assumptions, Working in a POD and Working in a Shelter.

- 2.6. Coordinate DBHRT members' participation in drills and exercises. Inform state-level DBHC of team member involvement in drills/exercises, training and response to actual events.
- 2.7. Enter and maintain data about DBHRT members in the NHResponds system administered by the NH DHHS ESU to ensure the capability to notify, activate, and track members during emergency events. Utilize this system to activate members and track deployment. The agency funded under this agreement will be granted administrative access rights to this web-based system in order to complete this activity.
- 3. In the event of an emergency event or critical incident, assist the DHHS ESU in coordinating the behavioral health response with local and state officials, regional DBHRT team leaders and the state-level DBHC.
  - 3.1. Conduct an Initial Community Needs Assessment to determine the local behavioral health needs.
  - 3.2. Assist in the activation of DBHRT members.
  - 3.3. Coordinate orientation and pre-deployment briefings for DBHRT members.
  - 3.4. Serve in a Team Leader role in the absence of team leaders.
  - 3.5. Assist in the coordination of response and recovery efforts. Provide leadership in local planning, coordination and collaboration of behavioral health services to disaster victims.
  - 3.6. Conduct post-deployment checks of all DBHRT members who respond to an event.

#### C. Disaster Behavioral Health Emergency Drills and Exercises

- 1. Participate in the design of and attend all drills, simulations and exercises in the assigned regions. Contribute to After Action Reports (AARs).
- 2. Assist to develop Improvement Plans based on the findings of the AAR for drills, exercises and responses to real events.

#### 5. Radiological Emergency Planning and Response in Regions 7 and 9

#### A. Radiological Emergency Workforce Capacity

The contractor shall act as a fiscal agent to enter into subcontracts with individuals selected by the DPHS to provide specified services as determined by the DPHS in support of the State of New Hampshire's Radiological Emergency Plan (REP). A list of these individuals, including personal information necessary to process invoices shall be supplied to the contractor by the State of New Hampshire REP Program Planner prior to the commencement of this activity. The NH DPHS will select a single contractor to administer this function statewide. The DPHS assumes responsibility for identifying individuals eligible to provide services under these subcontracts; assuring adequate performance; directing the activities that are eligible for reimbursement; and approving all invoices prior to authorizing the contractor to make payments.

1. Enter into subcontracts with individuals selected by the NH DPHS to conduct the planning and response activities described below. Planning activities include trainings, drills and graded exercises with Seabrook Station in SFY 2014 and Vermont Yankee in SFY 2015.

Real-life response activities related to either of these two facilities are reimbursable during the length of this agreement.

1.1. The contractor shall administer a minimum of one and no more than eight subcontracts unless both parties give prior consent to an increase in the number. A minimum of \$9,000 must be budgeted for subcontract reimbursements.

1.2. The DPHS REP Program will provide invoice forms to be used by subcontracted individuals to document the costs being charged. Reimbursement rates will be negotiated between the NH DPHS and the subcontracted individual(s). In order to receive reimbursement the subcontracted individual must provide as part of the invoice the date and hours worked; a description of the planning or response activity; miles traveled; and miscellaneous expenses incurred while engaging in REP related activities. The individual will submit invoices that include all the required information to the contractor for processing and payment.

1.3. The contractor shall submit invoice forms to the REP Program Planner for verification of the submitted invoice information prior to providing payment to the subcontracted individual. Notification may be made by mail, an e-mail attachment, or fax.

#### B. Potassium Iodide Mass Dispensing Planning

1. The contractor in Region 7 & 9 will collaborate with the NH DPHS and the NH DHHS ESU to develop Potassium Iodide mass dispensing plans at Reception Centers and other locations identified during the planning process. Such plans would only be activated in response to a nuclear plant event.

2. The contractors in both these regions will attend planning meetings with state and local partners to integrate and, as necessary, expand existing regional mass dispensing plans into

the REP.

2.1. Participate in up to four one-day emergency drills per year.

2.1.1. During SFY 14 the contractor in Region 7 will participate as an observer or evaluator and in 2015 as an active player.

2.1.1.1. During SFY 14 the contractor Region 9 will participate as an active player and in 2015 as an observer or evaluator.

#### 6. School-Based Seasonal Influenza Vaccination Services

1. Implement vaccination programs against seasonal influenza in primary, middle, and high schools based on guidance and protocols from the NH Immunization Program (NHIP).

1.1. Recruit public and non-residential private schools to participate in school-based clinics based on priorities established by the DPHS. Priorities may be based on socioeconomic status, prior year vaccination rates, or other indicators of need.

1.2. School influenza vaccination clinics must be held during the school day (approximately

8 A.M. to 4 P.M.) and on school grounds.

1.3. As requested by the DPHS, use the IRMS to manage vaccine provided under the auspices of the DPHS NHIP.

1.4. Submit all required documentation for immunized individuals to the NHIP within 10

business days after each clinic.

1.5. Report all known adverse reactions according to protocols established by the NHIP.

- 1.6. Dispose of all biological waste materials in accordance with regulations established by the State of New Hampshire.
- 1.7. Conduct debriefings after each clinic to identify opportunities for improvements.

#### 7. Performance Measures

#### Regional Public Health Advisory Committee

- Representation of at least 70% of the 11 community sectors identified in the CDC Capabilities Standards that participate in the Regional Public Health Advisory Committee.
- Representation of 65% of the 6 community sectors identified in the Governor's Commission plan that participate in the Regional Public Health Advisory Committee.
- Representation of at least 70% of the 13 healthcare sector partners identified by the DPHS that participate in the regional healthcare coalition.
- Documented organizational structure for the Regional Public Health Advisory Committee (e.g. vision or mission statements, organizational charts, MOUs, minutes, etc.).
- Establish and increase over time regional connectivity among stakeholders and improved trust among partners via the annual PARTNER Survey.

#### Substance Misuse Prevention and Related Health Promotion

Outcome and evaluation measure instruments will be administered in cooperation with the NH Center for Excellence and Monthly submission of process evaluation data via the web-based performance monitoring system (P-WITs) and other surveys and reports as required by BDAS (e.g. PARTNER survey, Regional Network Evaluation, Regional Network Annual Report).

- Percentage of increase of evidence-based programs, practices and policies adopted by sector as recorded in P-WITS.
- Increase in the amount of funds and resources leveraged in the implementation of prevention strategies as recorded in P-WITS.
- Number and increase in the diversity of Center for Substance Abuse Prevention (CSAP) categories implemented across Institute of Medicine (IOM) classifications as outlined in the Block Grant Requirements (Attachment 7) as recorded in P-WITS.
- Number of persons served or reached by IOM classification as recorded in P-WITS.
- Number of key products produced and milestones reached as outlined in Attachment 2 and reported annually in the Regional Network Annual Report and as recorded in P-WITS.
- Short-term and intermediate outcomes measured and achieved as outlined in the Regional System Logic Model (Attachment 8).
  - a) Long-term outcomes measured and achieved as applicable to the region's 3-year strategic plan.

#### Regional Public Health Preparedness

- Score assigned to the region's capacity to dispense medications to the population based on the CDC LTAR.
- Score assigned to the region's capacity to activate a community-based medical surge system during emergencies based on the DPHS' RATAR.
- Number of MRC volunteers who are deemed eligible to respond to an emergency.
- Percent of requests for deployment during emergencies met by MRC units.

#### Disaster Behavioral Health Emergency Planning

- Number of DBHRT volunteers that have met training requirements and are deemed eligible to respond to an emergency (DBHRT awardee only).
- Percent of requests for deployment during emergencies met by DBHRT (DBHRT awardee only).

#### Radiological Emergency Workforce Capacity

• Percent of individuals referred by the NH DPHS who enter into a subcontract to participate in radiological emergency planning, training and exercises (Radiological Emergency Workforce awardee only).

#### **School-Based Vaccination**

- Number of schools hosting a seasonal influenza clinic (School-based clinic awardees only).
- Percent of students receiving seasonal influenza vaccination (School-based clinic awardees only).
- Percent of students receiving seasonal influenza vaccination who are enrolled in Medicaid or report being uninsured.

#### 8. Training and Technical Assistance Requirements

The contractor will participate in training and technical assistance programs offered to agencies receiving funds under this agreement.

#### Regional Public Health Preparedness

- 1. Participate in bi-monthly Preparedness Coordinator technical assistance meetings.
- 2. Develop and implement a technical assistance plan for the region, in collaboration with the agency that is under contract with the NH DPHS to provide that technical assistance.
- 3. Complete the training standards recommended for Preparedness Coordinators (See Attachment 12).
- 4. Attend the annual Statewide Preparedness Conferences in June 2014 and 2015.

#### Disaster Behavioral Health Planning and Response

- 1. The Regional DBHL will complete the following training programs:
  - American Red Cross
    - o Foundations of Disaster Mental Health
    - o Disaster Assessment Basics
    - Shelter Operations
    - o Mass Care
  - Federal Emergency Management Agency-Incident Command System (FEMA-ICS)
    - o IS 100.b
    - o IS-200.b
    - o ICS-300
    - o IS-700a
    - o HSEEP
  - DHHS ESU
    - o NHResponds System Administrator training

#### Radiological Emergency Preparedness and Response

1. PHN coordinator from the funded regions will attend a one-day training on the NH REP.

#### Medical Reserve Corps

- 1. Participate in the development of a statewide technical assistance plan for MRC units.
- 2. Participate in monthly MRC unit coordinator meetings.
- 3. Attend the annual Statewide MRC Leadership Conference.

#### Substance Misuse Prevention and Related Health Promotion

1. On going quality improvement is required as demonstrated by attendance and participation with Center for Excellence on or off site technical assistance and learning collaborative(s).

#### **Immunization Services**

- 1. Participate in bi-monthly conference calls with NHIP staff.
- 2. Attend a half-day Training of Trainers in-service program offered by the NHIP.

#### 9. Administration and Management

#### A. All Services

#### 1. Workplan

Monitor progress on the final workplan approved by the DHHS prior to the initiation of the contract. There must be a separate section for each of the following:

a. Regional Public Health Advisory Committee

- b. Substance Misuse Prevention and Related Health Promotion
- c. Regional Public Health Emergency Preparedness
- d. Regional Disaster Behavioral Health (Only if bidding to provide these services)
- e. Regional Radiological Emergency Planning and Response, Mass Dispensing Planning (Regions 7 and 9 only)
- f. School-based Vaccination Services (Only if bidding to provide these services)
- g. Training and Technical Assistance
- h. Administration and Management

## 2. Reporting, Contract Monitoring and Performance Evaluation Activities

#### All Services

- 1. Participate in an annual or semi-annual site visit with DHHS, DPHS and BDAS staff. Site visits will include:
  - 1.1. A review of the progress made toward meeting the deliverables and requirements described in this Exhibit A based on an evaluation plan that includes performance measures.
  - 1.2. Subcontractors must attend all site visits as requested by DHHS.
  - 1.3. A financial audit in accordance with state and federal requirements.
- 2. Maintain the capability to accept and expend funds to support funded services.
  - 2.1. Submit monthly invoices within 20 working days after the end of each calendar month in accordance with the terms described in Exhibit B, paragraph 3, on forms provided by the DHHS.
  - 2.2. Assess agency policies and procedures to determine areas to improve the ability to expedite the acceptance and expenditure of funds during public health emergencies.
  - 2.3. Assess the agency's capacity to apply for state and federal reimbursement for costs incurred during declared emergencies.
- 3. Ensure the capacity to accept and expend new state or federal funds during the contract period for public health and substance misuse prevention and related health promotion services.
- 4. Submit for approval all educational materials developed with these funds. Such materials must be submitted prior to printing or dissemination by other means. Acknowledgement of the funding source shall be in compliance with the terms described in Exhibit C, paragraph 14.
- 5. Provide other programmatic updates as requested by the DHHS.
- 6. Engage the Regional Public Health Advisory Committee to provide input about how the contractor can meet its overall obligations and responsibilities under this Scope of Services.
  - 6.1. Provide the Regional Public Health Advisory Committee with information about public health and substance misuse prevention and related health promotion issues in the state and region that may impact the health and wellness of the public and the ability of communities to respond to and recover from emergencies.
  - 6.2. Facilitate awareness of the Regional Public Health Advisory Committee about the agency's performance under this Scope of Services by allowing a representative from the Regional Public Health Advisory Committee to participate in site visits and other

meetings with the NH DHHS related to the activities being conducted under this agreement.

#### 3. Subcontractors

- 3.1. If any services required by this Exhibit are provided, in whole or in part, by a subcontracted agency or provider, the DHHS must be notified in writing and approve the subcontractual agreement, prior to initiation of the subcontract.
- 3.2. In addition, the original contractor will remain liable for all requirements included in this Exhibit and carried out by subcontractors.

#### 4. Transfer of assets

4.1. Upon notification by the DHHS and within 30 days of the start of the contract, coordinate with the DHHS the transfer of any assets purchased by another entity under a previous contract.

# <u>Public Health Preparedness, Disaster Behavioral Health, Radiological Preparedness and School-Based Immunization Clinics</u>

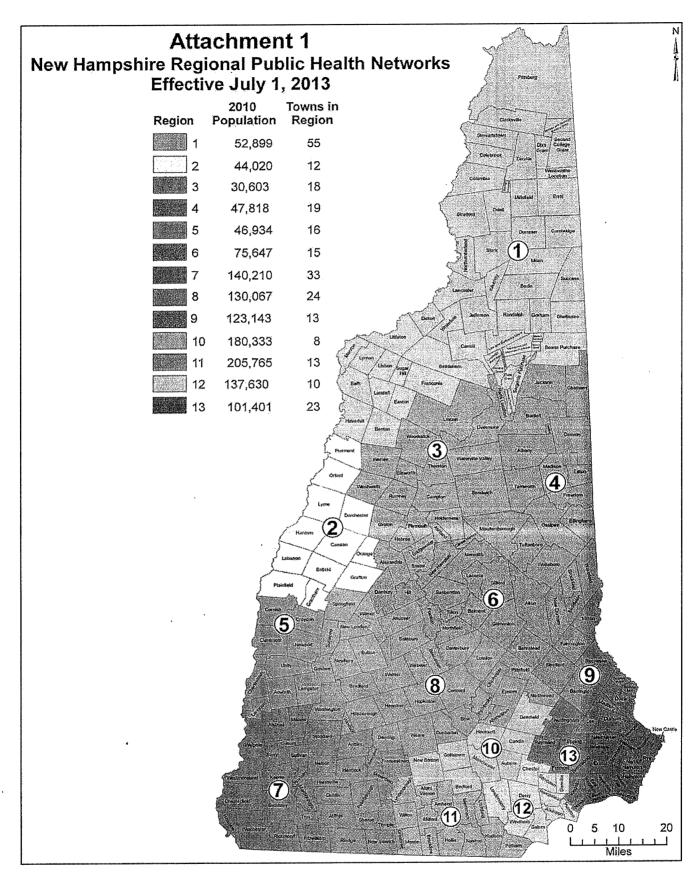
- 1. Submit quarterly progress reports based on performance using reporting tools developed by the DPHS. A single report shall be submitted to the DPHS' Community Health Development Section that describes activities under each section of this Exhibit that the contractor is funded to provide. The Section will be responsible to distribute the report to the appropriate contract managers in other DPHS programs.
- 2. Complete membership assessments to meet CDC and Assistant Secretary for Preparedness and Response (ASPR) requirements.

#### Substance Misuse Prevention and Related Health Promotion

- 1. Complete monthly data entry in the BDAS P-WITS system that aligns and supports the regional substance misuse prevention and related health promotion plan.
  - 1.1. Contractor will submit the following to the State:
    - 1.1.1. Submit updated or revised strategic plans for approval prior to implementation.
    - 1.1.2. Submit annual report to BDAS due June 25, 2014 and 2015 (template will be provided by BDAS).
    - 1.1.3. Cooperate and coordinate all evaluation efforts conducted by the Center for Excellence, (e.g. PARTNER Survey, annual environmental measure, and other surveys as directed by BDAS).
    - 1.1.4. Provide additional information as a required by BDAS.

#### **Fiscal Agent**

1. As requested by regional partners, serve as a fiscal agent for federal, state or other funds to provide public health services within the PHR. Services provided using these funds may be implemented by the contractor or other partnering entities.



# Provention In Sullvan County

Jamuary 2013

System of collaboration to..

- Strengthen identification and referral systems within the county
- Increase awareness, communication, and collaborations
- Increase health and wellness of the county

#### Mission:

"Engage members of our community in a coordinated effort to improve the health and well-being of our youth and adults with a focus on alcohol, tobacco, and other drug prevention".

## Impact:

Change in behavior and continued action to affect..

- Substance abuse rates
- Improved health
- Multigenerational cycles
- · Socioeconomic cost-benefit

Functions: Collect data, inform and educate decision makers, develop improved approaches and communication channels, and support grant development for identified needs

# Mission, Impact, Eunctions

### NH County Healthy Rankings Report

- Sullivan County is ranked in the lowest bracket with regard to length of life expectancy, health-related quality of life, and birth outcomes. (County Healthy Rankings Report)
- Corrections Recidivism, addiction, family supports The criminal justice bill for prescription drug abuse is \$8.2 billion.

#### Impact on Community Health

- O Prescription Painkiller Abuse Jumped 75 Percent From 2002 to 2010, 400% increase in prescription drug deaths, Prescription Drug Abuse Fueling Rise in Heroin Addiction.
- O Sullivan County has one of the highest rates of Lung Cancer in the State. Tobacco use is the single most preventable cause of death., disease, and disability.

#### Tax Rate and Productivity

- Excessive alcohol consumption (binge drinking, heavy drinking, underage drinking and drinking by pregnant women) costs Sullivan County Businesses \$250,000 per year as a result of lost worker productivity. The toll in lost productivity: \$42 billion. In 2007 cost for insurers estimated at \$72 Million for prescription drug abuse.
- O Enforcement Cost Prescription Drugs, Alcohol

# Sullivan County Status, Related Reports

- Corrections and Youth Interventions
  - Provided Data, Collaboration, Justification, Funded Grant Writing for receipt of initial \$260,879 grant 2009. Some portion of these also provided for \$299,048 2010 Second Chance Act Grant. Justification provided to NHCF "Rehabilitation and Rentry" extension award.
  - Funded and sponsored Second Chance Juvenile grants from OJJDP (\$186,440) and NHCF (\$50,000)
- **NHCF** 
  - West Central Behavioral Health, of Lebanon, received \$14,925 to support comprehensive planning for  $\angle$  integrated school-based behavioral health at Tiger Treatment Center.
  - New London Hospital Association, of New London, received \$20,000 to expand primary and preventive care for adolescents in Newport, Goshen, Lempster and Croydon through the Tiger Treatment Center at Newport Middle High School
  - Wellness planning and development \$50,000
  - Youth Risk Behavior Survey \$1,000
- Drug Free Communities \$625,000 5 Year 125,000 in Yr 3; potential & additional 5 Kars. Liz DOE Regional Health Curriculum \$5,000-\$10,000: Due to work they are doing they are recent free There
- Filming and Support for At Risk
- Youth Work Development Work Incentive Program \$25,000
- **EUDL Funding**

# Funding brought in to the County

- Needs Assessments; causes identified
- Substance abuse rates decline
- · Recidivism decline
  - Community connections made
  - Community support developed
- Reduction in availability of prescription drugs
- Incorporation of health efforts resulting from increased information and collaborative efforts.
- Workplace involvement
  - Schools
  - Recreation departments

# Improvements in Sullivan County since 2007

- Sustainable Health Improvement
- Effect mission of Commission on Wellness

"Our mission is to develop a county-wide collaborative system that continually improves the health and socio-economic climate of the community".

- Data continue to know needs to focus efforts where most effective
  - Develop grants to meet needs and makes the best use of resources with improved collaboration
- Resources for Veterans
- Children's Behavioral Health Support
  - Reduced violence and depression

# Projected Effects



#### **GREATER SULLIVAN COUNTY PUBLIC HEALTH NETWORK**

24 Main Street Newport NH 03773 · Phone 603.398.2222 vww.sullivancountynh.gov/publichealth · email: phn@sullivancountynh.gov

# Strong Collaboration and Existing Infrastructure to host the CURN and PHN programs

- Sullivan County is well suited to serve as fiscal agent to a combined RFP, as the PHN and CURN programs have a well-built history of already working together.
- We formed The Commission on Wellness in 2011. This endeavor fits neatly with current RFP requirements.
- The County is in a unique position to have the capacity to carry these programs, providing the infrastructure, office space, and valuable accounting assistance.



#### GREATER SULLIVAN COUNTY PUBLIC HEALTH NETWORK

24 Main Street Newport NH 03773 · Phone 603.398.2222 vww.sullivancountynh.gov/publichealth · email: phn@sullivancountynh.gov

## A History of Public Health Network Services

- □ CDC and DHHS funding since 2007
- Emergency Preparedness Monthly meetings with municipal partners from 14 towns; history of working together to complete detailed all hazards plans.
- Point of Dispensing planning Free flu shots and emergency medications
- Free Flu Shots to school children during school hours, in partnership with VNA
- Hospital Alternate Care Sites a plan to set up an alternate hospital site if the medical system becomes overwhelmed



#### **GREATER SULLIVAN COUNTY PUBLIC HEALTH NETWORK**

24 Main Street Newport NH 03773 · Phone 603.398.2222 vww.sullivancountynh.gov/publichealth · email: phn@sullivancountynh.gov

## A History of Public Health Network Services (continued)

- Medical-Needs Shelter Assistance PHN has several medical needs cots, oxygen concentrators, other supplies, and volunteer personnel
- Set up and assist with ice storm and flood shelters
- Medical Reserve Corps a vibrant group of volunteers serving our communities
- Healthy Counties Month activities included pedometers for County staff and free BP screenings.

Sharon Callum

Appendix F.

From:

Austin Goldberg < Austin.S.Goldberg.13@dartmouth.edu>

Sent:

Tuesday, January 29, 2013 2:14 PM commissioners@sullivancountynh.gov

To: Subject:

Rockefeller Center for Public Policy at Dartmouth College

Dear Sullivan County Commissioner,

My name is Austin Goldberg and I am a senior at Dartmouth College. This term I am completing a Rockefeller Center for Public Policy project with 3 other students examining New Hampshires Drug Treatment Court system. This project was commissioned by State Representative Laurie Harding.

It is my most sincere hope to speak with you this week about your counties Department of Corrections and specifically your lack of Drug Treatment Courts. I would be happy to accommodate your schedule and make myself available to speak with you at your connivence. I can be reached at this e-mail address (<a href="mailto:austin.s.goldberg.13@dartmouth.edu">austin.s.goldberg.13@dartmouth.edu</a>) or on my cell at 847.254.9893. Please let me know a day and time this week that works best for you. I appreciate your help in advance and look forward to speaking with you.

Best,

Austin Goldberg
Dartmouth College '13
<u>austin.s.goldberg.13@dartmouth.edu</u>
847.254.9893